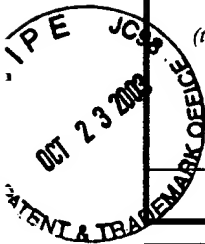


TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number 09/961,151
 Filing Date 9/24/2001
 First Named Inventor KONDO
 Group Art Unit 1754
 Examiner Name Wright
 Attorney Docket Number 12-009

RECEIVED
 OCT 28 2003
 TC 1700



ENCLOSURES (check all that apply)

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form
<input checked="" type="checkbox"/> Fee Attached
<input checked="" type="checkbox"/> Amendment / Response
<input type="checkbox"/> After Final
<input type="checkbox"/> Affidavits/declaration(s)
<input checked="" type="checkbox"/> Extension of Time Request
<input type="checkbox"/> Express Abandonment Request
<input checked="" type="checkbox"/> Information Disclosure Statement
<input type="checkbox"/> Certified Copy of Priority Document(s)
<input type="checkbox"/> Response to Missing Parts/Incomplete Application
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application)
<input checked="" type="checkbox"/> Drawings: 2 substitute sheets
<input type="checkbox"/> Petition
<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition
<input type="checkbox"/> Petition to Convert a Provisional Application
<input type="checkbox"/> Power of Attorney, Revocation
<input type="checkbox"/> Change of Correspondence Address
<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Small Entity Statement
<input type="checkbox"/> Request of Refund
Remarks | <input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Status Letter
<input type="checkbox"/> Additional Enclosure(s) (please identify below):
<div style="border: 1px solid black; height: 30px; width: 100%;"></div> <div style="border: 1px solid black; height: 30px; width: 100%;"></div> <div style="border: 1px solid black; height: 30px; width: 100%;"></div> |
|---|--|--|

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Posz & Bethards, PLC
Signature	
Date	23 October 2003

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to : Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22323-14501.

Type or printed name		
Signature		Date:

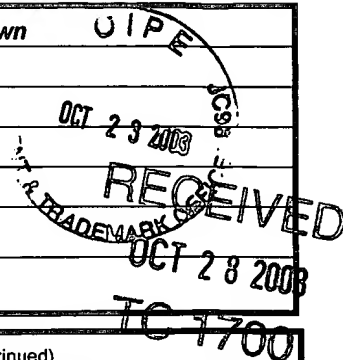
FEE TRANSMITTAL for FY 2004

Complete if Known

Application Number **09/961,151**
Filing Date **9/24/2001**
First Named Inventor **KONDO**
Examiner Name **Wright**
Group/Art Unit **1754**
Attorney Docket No. **12-009**

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)**1,130**



METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None

☐ Deposit Account

Deposit Account Number

50-1147

Deposit Account Name

POSZ & BETHARDS, PLC

The Commissioner is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☒ Credit any overpayments

☒ Charge any additional fee(s) during the pendency of this application

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Small Entity

Fee Code Fee (\$) Fee Code Fee (\$)

1051 130 2051 65

1052 50 2052 25

1053 130 1053 130

1812 2,520 1812 2,520

1804 920* 1804 920*

1805 1,840* 1805 1,840*

1251 110 2251 55

1252 420 2252 210

1253 950 2253 475

1254 1,480 2254 740

1255 2,010 2255 1005

1401 330 2401 165

1402 330 2402 165

1403 290 2403 145

1451 1,510 1451 1,510

1452 110 2452 55

1453 1,330 2453 665

1501 1,330 2501 665

1502 480 2502 240

1503 640 2503 320

1460 130 1460 130

1807 50 1807 50

1806 180 1806 180

8021 40 8021 40

1809 770 2809 385

1810 770 2810 385

1801 770 2801 385

1802 900 1802 900

Fee Description

Fee Paid

Surcharge - late filing fee or oath

Surcharge - late provisional filing fee or cover sheet

Non-English specification

For filing a request for *ex parte* reexamination

Requesting publication of SIR prior to Examiner action

Requesting publication of SIR after Examiner action

Extension for reply within first month

Extension for reply within second month

Extension for reply within third month

Extension for reply within fourth month

Extension for reply within fifth month

Notice of Appeal

Filing a brief in support of an appeal

Request for oral hearing

Petition to institute a public use proceeding

Petition to revive - unavoidable

Petition to revive - unintentional

Utility issue fee (or reissue)

Design issue fee

Plant issue fee

Petitions to the Commissioner

Processing fee under 37 CFR 1.17(q)

Submission of Information Disclosure Stmt

Recording each patent assignment per property (times number of properties)

Filing a submission after final rejection (37 CFR § 1.129(a))

For each additional invention to be examined (37 CFR § 1.129(b))

Request for Continued Examination (RCE)

Request for expedited examination of a design application

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$)**1,130**

FEE CALCULATION

1. BASIC FILING FEE

Large Entity

Small Entity

Fee Code Fee (\$)

Fee Code Fee (\$)

Fee Description

Fee Paid

1001 770

2001 385

Utility filing fee

1002 340

2002 170

Design filing fee

1003 530

2003 265

Plant filing fee

1004 770

2004 385

Reissue filing fee

1005 160

2005 80

Provisional filing fee

SUBTOTAL (1) (\$)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims **21** -21**= **0** X **18** =

Independent Claims **6** -6**= **0** X **86** =

Multiple Dependent =

Fee Paid

Large Entity

Small Entity

Fee Code Fee (\$)

Fee Code Fee (\$)

Fee Description

1202 18

2202 9

Claims in excess of 20

1201 86

2201 43

Independent claims in excess of 3

1203 290

2203 145

Multiple dependent claim, if not paid

1204 86

2204 43

**Reissue independent claims over original patent

1205 18

2205 9

**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)**0**

** or number previously paid, if greater; For Reissues, see above

SUBMITTED BY

Name (Print/Type)

JAMES E. BARLOW

Registration No. (Attorney/Agent)

32,377

Signature

J. Barlow

Complete (if applicable)

Telephone

(703) 707-9110

Date

23 October 2003